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22 October – 25 November

Highlights

UNICEF works in 22 countries and territories[1] in Europe and Central Asia Region (ECAR) and is present in Italy, supporting refugee and migrant populations. During the reporting period:

- Montenegro recorded the highest number of new cases (2,474) per 100,000 population, followed by Georgia, Croatia, and Armenia. Only Tajikistan and Uzbekistan reported lower numbers compared to the previous month. Turkmenistan continued to report no confirmed cases.

5,050,390 COVID-19 cases in 23 countries**

120,682 COVID-19 deaths in 23 countries**

$149 million funding requirement for ECAR response

- In an intensive regionally led effort, UNICEF, in partnership with WHO, Gavi, the World Bank and others, has been providing technical support to ECAR countries in preparation for the roll-out of COVID-19 vaccines as part of the global initiative, on behalf of the COVAX Facility. During the reporting period, specialists from 17 countries participating in the COVAX Facility were briefed on monitoring, cold chain assessment, and assisting Ministries of Health on their submissions for technical assistance.

- 186 million people have now been reached with messaging on COVID-19 prevention and access to services – 1.2 million more compared to the previous month. UNICEF intensified its focus on analyzing social media and other online data to generate meaningful strategic insights that will inform more effective messaging. Social listening is being implemented as a key strategy in overcoming pandemic fatigue and, as the anticipated COVID-19 vaccine rolls out, vaccine hesitancy. In keeping with this approach, the newly launched UNICEF/WHO HealthBuddy+ app, will enable users to participate in polls and share opinions and experiences in 15 languages spoken in ECAR.

- 27 million children have been supported with distance/home-based learning, an increase of 2 million since last reporting period. The surge in new infections has prompted nearly all governments in ECAR to reduce or temporarily suspend in-classroom learning. During this reporting period, UNICEF-supported interventions continued to focus on bridging the digital divide by making devices and connectivity more available, and by ensuring that digital platforms are complemented with lessons delivered via television and/or through the distribution of printed learning materials.

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[1]Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Greece, Kazakhstan, Kosovo*, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Romania, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan
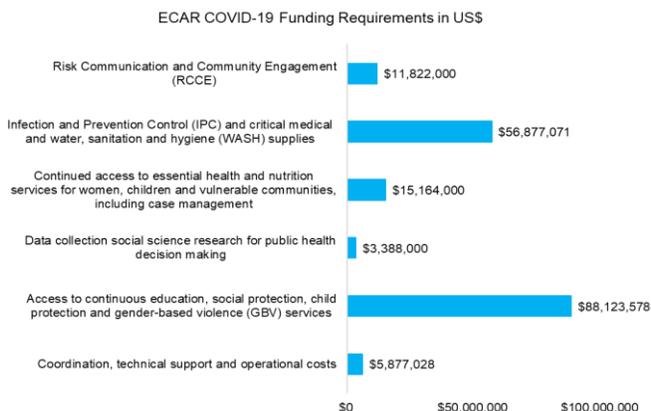*In line with UN Security Council Resolution (UNSCR 124)
**This now includes Italy (not reported in previous sitreps), which has reported cumulative cases and deaths of 1,585,178 and 54,904, respectively. Source: World Health Organization (WHO) Coronavirus Disease (COVID-19) Dashboard, as of 30 November, noting that data is subject to change from the date of publish as further updates and validation is received.
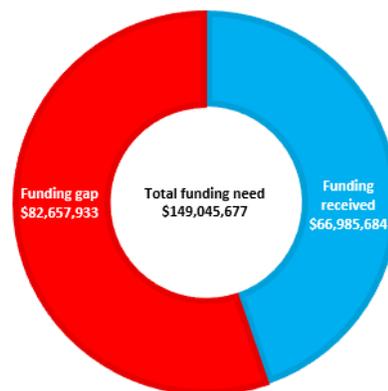Photo: A nine-year-old girl from Skopje, North Macedonia demonstrates the prevention and protection measures in place to keep children learning safe at school during the COVID-19 pandemic.

Funding Overview and Partnerships

Under UNICEF's Global Humanitarian Action for Children (HAC) appeal for the COVD-19 response, ECAR is appealing for approximately $149 million. As of the end of the current reporting period, ECAR had raised nearly $67 million, or 45% of the required funding. UNICEF gratefully acknowledges donors whose contributions were received during the reporting period, including: Global Thematic Humanitarian funds (Albania, Belarus, Croatia, Kazakhstan, Moldova, Uzbekistan, Kyrgyzstan, Ukraine) and UNDP-Multi Donor Trust Fund (Armenia, Bosnia and Herzegovina). The flexible, thematic humanitarian funds have been critical to support procurement of much needed PPE, health equipment and supplies and enhance GBV and gender-related programming.

ECAR COVID-19 Funding Requirements in US$

Risk Communication and Community Engagement (RCCE)	$11,822,000
Infection and Prevention Control (IPC) and critical medical and water, sanitation and hygiene (WASH) supplies	$56,877,071
Continued access to essential health and nutrition services for women, children and vulnerable communities, including case management	$15,164,000
Data collection social science research for public health decision making	$3,388,000
Access to continuous education, social protection, child protection and gender-based violence (GBV) services	$88,123,578
Coordination, technical support and operational costs	$5,877,028

Funding Status

Funding gap $82,657,933

Total funding need $149,045,677

Funding received $66,985,684

Situation Overview and Humanitarian Needs

Twenty countries in ECAR continued to report a further surge in COVID-19 cases per 100,000 population compared to the previous month. Montenegro registered the highest number of COVID-19 cases, with 2,474 cases per 100,000 population (134% increase), followed by **Georgia** (2,414 cases), **Croatia** (1,926) **Armenia** (1,535) and **Italy** (1,502). In the Balkans, **Serbia** registered a ten-fold increase compared to the previous month, while **Kosovo*** reported a five-fold increase. In **Georgia**, the average of monthly cases rose from 814 to 2,414 in November, while **Azerbaijan** reported increase from 141 to 643 cases. Countries reporting more than a doubling of new cases, compared to the previous reporting period, include: **Montenegro** (2,474), **Croatia** (1,929), **Italy** (1,502), **North Macedonia** (1,491), **Bulgaria** (1,330), **Romania** (1,210), **Bosnia and Herzegovina** (1,180), **Ukraine** (780), **Albania** (589) and **Turkey** (147). Only **Tajikistan** and **Uzbekistan** reported lower numbers of new infections compared to October, while **Turkmenistan** continued to report no confirmed cases.

Greece reported a record high of 3,209 new cases on 18 November. There were 992 confirmed cases in the refugee/migrant community, 96 in Open Accommodation Sites. In **Italy,** high levels of infection in receptions centres hosting migrants and refugees have most likely been due to crowded facilities and inability to adhere to prevention measures. Infections were also being detected among migrants and refugees, including children, newly arrived via the central Mediterranean route.

Pandemic fatigue is thought to be a major contributor to the increase in new infections. In **Serbia**, the COVID-19 inter-agency coordination was re-activated at UNCT level due to the deteriorating epidemiological situation. Many countries (**Azerbaijan, Belarus, Croatia, Greece, Italy, Kosovo*, Montenegro, North Macedonia, Romania, Serbia, Turkey, Turkmenistan, Ukraine**) extended or re-imposed curfews, reduced business hours for shops and restaurants, and/or increased fines for non-compliance. **Albania, North Macedonia**, and **Serbia** signed a memorandum to fight COVID-19 jointly, while exempting citizens from mandatory testing when they travel between countries and ensuring treatment if they become infected in these countries. **Albania, Armenia, Bosnia and Herzegovina, Croatia, Kazakhstan, North Macedonia, Serbia** reintroduced full or part-time distance learning for older children. In **Azerbaijan, Bulgaria, Georgia, Greece** and **Romania**, school premises remain temporarily closed for all or almost all children.

Dual Emergencies and COVID-19 Response: In southeast Europe, new COVID-19-related movement restrictions and harsher weather conditions negatively impacted the ability of migrants and refugees to move within and across countries. In October, in Bosnia and Herzegovina, 1,934 people reported pushbacks to the Danish Refugee Council (DRC). While military hostilities in the Nagorno-Karabakh conflict zone ended on 9 November, with the signing of the tripartite ceasefire agreement by Armenia, Azerbaijan and Russia, the surge of COVID-19 cases in Armenia and Azerbaijan created additional risks for affected families and children, made more vulnerable to infection.

Partnerships & Coordination

UNICEF ECAR Regional Office (RO) is working closely with WHO, Gavi, the World Bank, Asian Development Bank (ADB) and other relevant partners to support countries to prepare for COVID-19 vaccine deployment. UNICEF has been participating in the Regional Coordination Group as well as in technical groups covering supply and logistics, communication, and demand generation. At country level, UNICEF, along with WHO and other partners, is active in national coordination and providing support based on comparative advantage.

Humanitarian Response

Laying the groundwork for vaccination: In preparation for the massive COVID-19 vaccine procurement and delivery in ECAR countries, WHO and UNICEF jointly conducted a three-part webinar series for officials from Ministries of Health, managers of Expanded Programmes on Immunization (EPI), and specialists from WHO and UNICEF country offices. The webinars introduced the regional monitoring framework for COVID-19 vaccine deployment; provided guidance and timeframes for COVAX applications; and provided guidance on supply and logistic component of the preparedness, including cold chain assessment.

Supplies: In nearly all ECAR countries, UNICEF leads or co-leads with WHO and other UN agencies on the procurement and delivery of critical supplies to address COVID-19. At a regional level, UNICEF also enables technical support in ensuring training of medical staff in the use of essential respiratory and other specialized hospital equipment used to treat COVID-19. The scale of PPE and WASH supplies is an indicator of the efforts required to operationalize guidance on infection prevention and control in schools, health and social services institutions and at community level. During the reporting period, UNICEF delivered to partners and beneficiaries:

WASH: **Albania:** 17,527 L of disinfectant and sanitizer for all 412 primary health care centres in the country; 26,000 units of hand sanitizer for all 2,100 schools in the country. **Belarus:** 64,737 L of antiseptics and bactericidal soap for residential care institutions, preschools and primary schools. **Bosnia and Herzegovina:** 14,490 L of liquid soap, 14,490 L of hand sanitizers and 17,994 L of disinfectant to 12 MoH for distribution to schools. **Georgia:** 3,606 L of hand sanitizer, 7,920 L of disinfectant, 8,645 L antibacterial liquid soap for 336 kindergartens; 5,691 L hand sanitizer, 30 L of disinfectant for the National Agency for Crime Prevention and Probation, the Legal Aid Service, the State Care Agency and the Penitentiary Service. **Romania:** 8,838 L of disinfectant for 55 schools. **Turkmenistan:** 6,000 L of liquid soap for schools.

Hygiene/IPC kits: **Armenia:** 3,000 hygiene kits (masks, alcogel) for vulnerable families, including spontaneous arrivals in Armenia from the Nagorno-Karabakh conflict zone; hygiene kits for 355 preschools (19,000 children). **Azerbaijan:** 1,000 hygiene kit packs and 1,300 family kit packs (hand sanitizers, masks) to support families (11,500 people) temporarily displaced as a result of the hostilities in Nagorno-Karabakh. **Greece:** 1,796 WASH dignity kits for 1,387 families/households in Reception and Identification Centre (RIC) Lesvos. **Montenegro:** 2,000 hygiene packs and 1,500 diapers delivered through the Red Cross for vulnerable families. **Turkey:** In partnership with Turkish Red Crescent and others, distributed hygiene kits to 48,592 vulnerable Turkish and Syrian families, (including 121,405 children).

PPE: **Albania:** 180,000 cloth masks for vulnerable children; 1,000 face masks with transparent front for the National Association of Deaf. **Armenia:** On behalf of the Ministry of Labour and Social Affairs (MoLSA), 500 PPE kits for social workers. **Bosnia and Herzegovina:** 9,900 masks for vulnerable families in Roma communities; 350,000 masks to MoEs for distribution to schools. **Greece:** 36,000 masks handed over to NGO partners for refugees and migrant residents in RIC Lesvos. **Kyrgyzstan:** 116,000 nitrile gloves, 116,000 boot covers handed over to MoH; 3,000 adult and 930 children's masks for hospitals. **Romania:** 28,800 masks and 14,400 gloves to District Health Authorities for delivery to community nurses and health mediators.

Medical: **Albania:** 10 defibrillators and 40 patient monitors were handed over to the Ministry of Health and Social Protection (MoHSP) for COVID-19 designated hospitals; 480 thermometers for 430 schools and 50 preschools. **Belarus:** 40 thermometers for residential care institutions, preschools and primary schools. **Belarus:** 40 oxygen concentrators for the MoH; 700 distance thermometers to early childhood intervention centres (EICs), youth-friendly health centres (YFHCs) and institutions. **Kyrgyzstan:** Antibiotics, anticoagulants, and insulin were handed over to the MoH; 2 flow splitters, humidifier bottles, 2 oxygen concentrators (and spare parts), 27 pulse oximeters delivered to hospitals. **Tajikistan:** 5,695 intubation tubes, 22 laryngoscopes, 18 mobile pulse oximeters, 20 oxygen concentrators, 180 oxygen condensers for adults, 100 oxygen condensers for children, a range of steroids, antibiotics and presumptive drugs for HIV exposure, to the Red Crescent Society of Tajikistan for delivery to hospitals.

Provision of Healthcare and Nutrition Services: Throughout ECAR, quarantine and continued waves of lockdown measures to curb the spread of infection have disrupted how mothers and families access health and nutrition services. During the reporting period, UNICEF has been responding to increased demands at country level for technical guidance, for example, to restart of immunization and other child health programmes after a period of disruption to ensure the safe reopening of schools, and to

secure the procurement COVID-19 hospital equipment and training of health personnel.[2] In the reporting period UNICEF support ensured that:

In **Belarus,** guidelines on providing Vitamin D to children in residential institutions were introduced. In **Bosnia and Herzegovina** refugee and migrant children in Temporary Reception Centres (TRCs) Borići and Sedra underwent paediatric examination at the start of each week before going to school. 141 children in TRC Usivak. In **Armenia,** 1,900 frontline health workers were trained on childcare, home visiting and immunization. In **Kyrgyzstan,** training was organized for 92 trainers and doctors to support medical staff on the treatment COVID-19 in children. **Kosovo***initiated a catch-up immunization campaign for 7,000 children in Roma, Ashkali and Egyptian communities. In **Turkmenistan**, COVID-19 guidance was integrated into Infant and Young Child Feeding (IYCF) teaching aids and information materials for health care professionals and parents.

UNICEF has been supporting health systems in utilizing community-based networks to assist with prevention measures and surveillance and referral, and in scaling-up efforts to build the capacities of health workers to detect and manage COVID-19 and to continue providing basic health services in the context of the pandemic. This has included supporting innovations such as the digitization of data collection, and the implementation of tele-health, multi-media, and virtual platforms. During the reporting period, UNICEF support enabled:

Albania's Institute of Public Health (IPH) to consolidate a new web-based data collection system to monitor child growth and infant and young child feeding (IYCF) practices in the context of COVID-19. More than 80 health professionals (reaching 4,842 mothers and 5,265 children) were trained in collecting and analysing data and flagging emerging risks in children's nutrition status and providing IYCF counselling. The establishment of a centralized communication platform in **Georgia** now provides doctors with relevant COVID-19 information and tools in a single directory. In **North Macedonia**, the revision of legislation to enable digital recording and reporting by home visiting and tele-health community health workers, was finalized. In **Serbia**, UNICEF completed the roll-out of a digital platform that enables real-time communication and data exchange between 30,000 health professionals in 200 institutions

Infection, Protection and Control (IPC)/WASH Services: UNICEF has been providing technical expertise to ensure that health, social and education sectors, along with vulnerable communities, are enabled to practice preventive hygiene. In these contexts, UNICEF has been providing technical assistance to support governments in carrying out WASH assessments as a basis for sound and critical investments to ensure enduring and systemic improvements. During the reporting period:

In **Albania,** UNICEF supported the Faculty of Medicine in drafting protocols to strengthen the implementation of IPC for neonatology and paediatric services that will be used for training. In **Azerbaijan** UNICEF supported the drafting of guidance to strengthen the capacity of local epidemiologists in assessing the quality of the COVID-19 IPC monitoring system. In **Georgia,** UNICEF launched IPC assessments in regional maternities in Tbilisi-based maternities and provided technical oversight for the rehabilitation of WASH facilities in three schools in Abkhazia. In **Kazakhstan**, UNICEF launched IPC and WASH assessments of perinatal centres and children's hospitals in Karaganda using the WHO/UNICEF WASH FIT tool. In partnership with **North Macedonia**'s Regional Centres for Public Health, UNICEF is preparing to test the WASH self-assessment tool in selected schools. In **Tajikistan**, UNICEF supported the completion of infrastructure improvements in Murgab Central District Hospital and in 13 schools that served 10,284 children in 8 districts. UNICEF-supported WASH assessments in six schools in **Turkmenistan** was completed. In **Ukraine,** UNICEF completed the distribution of electronic vouchers for three-months of hygiene supplies for social institutions benefiting 107 social institutions (12,315 people) in Donetsk and Luhansk Government Controlled Area (GCA). In **Uzbekistan**, UNICEF worked with the Tashkent Paediatric Medical Institute to create a package of online training on current COVID-19 issues, including IPC and COVID-19 prevention for in-service healthcare providers.

Risk Communication and Community Engagement (RCCE): Across ECAR, an important element of UNICEF's response has been intensifying efforts focused on social media listening, which focuses on analysing social media and other online data to generate meaningful strategic insights that will inform more effective messaging. This important direction in pandemic response is critical as UNICEF, in coordination with WHO and national health authorities, helps prepare countries for the roll-out of the COVID-19 immunization, success of vaccine uptake will depend on overcoming vaccine hesitancy expressed by different population groups. UNICEF and WHO launched HealthBuddy+ will include a polling feature that will enable UNICEF to collect user opinions and feedback on COVID-19 in 15 languages spoken in ECAR. Social listening featured strongly throughout the reporting period. For example:

In **Albania,** UNICEF, through its Regional Office for ECA, initiated a collaboration with London School of Hygiene and Tropical Medicine to establish on-going social media listening and engagement tools to map and track conversations around COVID-19. In **Bosnia and Herzegovina,** to intensify participation among parents and the general public in getting immunized during COVID-19, UNICEF provided RCCE technical support to Federal Institute of Public Health. In **Turkey,** UNICEF supported the

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[2] UNICEF's close partnership with WHO at regional and country level, particularly in the procurement and distribution of the anticipated COVID-19 vaccine is covered in the previous section "Partnerships and Coordination".

dissemination of information on COVID-19 via Rapid- Pro SMS technology that reached 12,176 Syrian Voluntary Education Personnel and 11,501 parents and caregivers in Arabic and Turkish with practical information including parenting tips, school registration, distance learning etc., in Arabic and Turkish. In **Ukraine**, UNICEF supported reporting and analysis on opinions and behaviours during the pandemic which informed a package of updated information and messages on COVID-19, for use by the UN, government partners, and others.

Engaging Adolescents and Young People: Amplifying the voices of young people reflects a key investment that UNICEF is making to shift deep-rooted inequality in the context of COVID-19 and beyond. Over the summer, UNICEF, the European Training Foundation (ETF) and the Group of the European Youth for Change (GEYC) hosted online consultations with over 15,000 young people from 23 countries to document their views on their current and future prospects in the era of COVID-19 and to ensure that their ideas contribute to shaping policies and services related to the labour market and education systems. During the reporting period, UNICEF continued work in advancing these gains for adolescents and young people. For example:

In **Italy,** UNICEF's engagement with 2,000 young people culminated in the publication of the "Future We Want" report capturing the impact that COVID-19 has had on their and the lessons that could be applied to creating a more equitable and sustainable future. UNICEF advanced preparations to launch **Kosovo*** GenU which will connect young people with opportunities in education and skills training as part of the COVID-19 response and recovery. In partnership with NGO Digitalizuj.me, and Telenor, UNICEF in **Montenegro** created a downloadable manual on Internet safety during the COVID-19 pandemic aimed at 13-19 year-olds. In partnership with the Standing Conference of Towns and Municipalities and the National Association of Youth Offices in **Romania**, UNICEF conducted a U-Report survey of 1,068 responders from 15 local municipalities for their post COVID-19 recovery and local youth action planning.

Access to Continuous Learning: Given that some form of hybrid learning will be in place for the foreseeable future, UNICEF continues to support countries in bridging the digital divide by making devices and connectivity more available, and by ensuring that digital platforms are complemented with lessons delivered via television and/or through the distribution of printed learning materials. During the reporting period:

In **Albania,** UNICEF supported MoE's digital platform which accommodates 5,000 video lessons ready for broadcast via the country's main public TV outlet. 33,000 teachers are already registered, and training to use additional virtual classroom features is underway. In **Bulgaria**, UNICEF provided technical assistance to the MoE to develop learning materials for children with disabilities, and support for online consultation for children with disabilities and their families. In **Georgia** UNICEF partnered with the Ministry of Education, Science, Culture and Sports (MoESCS) and Government of Estonia, to train staff from 100 schools in distance teaching. In **Kazakhstan**, UNICEF, UNESCO, the World Bank and the MoE conducted online webinars for 300 education and health sector managers on building a shock-resistant school system through remedial programmes, mitigating learning loss and formative assessments. **Kosovo***'s MoE agreed to use the Learning Passport as a digital online learning platform to enable distance learning in response to COVID-19 situation. UNICEF supported **Serbia**'s Ministry of Education, Science and Technological Development (MoESTD) in editing video lessons for 500,000 children in primary and secondary school and making them available through the national TV online platform. In **Turkmenistan**, UNICEF supported the Ministry of Education and Science (MoES) in further developing TV lessons and online-offline platforms to reach teacher and students nationwide. UNICEF helped to enrich bandwidth coverage of **Turkey**'s national remote learning system (EBA) to more effectively provide quality distance learning to all K-12 students (over 17 million learners and 1 million teachers).

Access to Child Protection and Preventing Violence: Building on a UNICEF survey on how national authorities in ECAR have adjusted and augmented national child protection systems and services in response to the first wave of COVID-19, UNICEF support has focused on addressing persistent gaps, including insufficient psychosocial support to the child and social protection workforce; the over-representation of children with disabilities in institutional care; insufficient promotion of positive parenting as an antidote to violence against children (VAC); and inadequate follow-up /referrals for children reporting abuse to hotlines. A UNICEF region-wide review on how governments and partners have been using digital technology to respond to child protection issues during the COVID-19 pandemic has inspired countries to respond to challenges with user-centred design, robust safeguards, and technology solutions to complement social work capacities. For example:

In **Albania**, more than 50 children and young people were reached through #BiblioTech, technological hubs initiated by UNICEF and the Tirana municipality to enhance digital literacy and online safety. A mobile version of #BiblioTech is reaching children outside the city. In **Bulgaria**, Child Advocacy Centres in highly infectious "red zones" supplemented face to face with online service via Viber, WhatsApp, Messenger and Skype. Since the April launch of the UNICEF-supported COVID-19 website, mentalcenter.kz, 42,639 users have been reached and 495 individual psychological/mental health consultations were provided. In supporting children with disabilities during times of COVID-19 in **Kosovo*,** UNICEF has supported the delivery 77 individual virtual psychosocial and physiotherapy. In **Kyrgyzstan** 4,330 children with disabilities and their caregivers were provided with UNICEF-supported online psychosocial support via day care centers nationwide.

Social Protection: Sobering economic [forecasts](#) estimate that 8 out 10 people who will become newly poor as a result of COVID-19 socioeconomic impact, will be in middle income countries. ECA countries are already experiencing significant numbers of people slipping below the extreme poverty line, raising the consideration of vulnerability as broader and more nuanced in social policy programming. Coordination and joint collaborations, particularly around new partnerships, for example, with the World Bank, the European Bank of Reconstruction and Development (EBRD), OECD, UNDP and ILO, may represent new opportunities to leverage expertise and resources. UNICEF has been providing technical assistance to countries in strengthening or establishing social protection responses to the socioeconomic fallout of the pandemic through the development of tools, cooperation frameworks, socioeconomic impact analysis, and increasingly, budget briefs, and sectoral budget analyses. During the reporting period, socioeconomic assessments, often in coordination with the World Bank and others are informing government on social policy planning and systems design, including cash provisions. For example:

In **Armenia**, UNICEF provided technical expertise in developing a needs assessment mechanism that will facilitate enrolling for social benefits. A questionnaire for the rapid assessment of social needs of families affected by COVID-19 will be tested through a partnership with the National Institute of Labour and Social Research. In **Bosnia and Herzegovina**, the findings and recommendations from cantonal impact assessments of COVID-19 on social protection aimed at improving shock-responsive elements of social protection systems were used to inform the social protection component of an ongoing UN joint programme on disaster risk reduction (DRR), creating the momentum for better positioning social policy within the DRR agenda, including any future health emergency. In **Croatia** harmonization of UNICEF's questionnaire and timelines with those of the World Bank, is strengthening the second round of a household survey on the socio-economic effects of COVID-19 on families. UNICEF is preparing an update of a socioeconomic study in **North Macedonia** which will provide a fresh data on social protection measures undertaken to mitigate the impact of COVID-19. UNICEF is supporting Ministry of Health and Social Protection (MOHSP) in **Tajikistan** to review and re-define vulnerability in the country with the objective to develop and broaden an integrated approach to data collection, analysis and management in social protection system.

Data Collection, Analysis & Research: UNICEF has established a systematic methodology to ensure COVID-19 programming strategies are effective in reaching and addressing the evolving needs of children and families affected by the pandemic. From a regional perspective, UNICEF's Real Time Assessment (RTA) is documenting how activities and approaches are being conducted differently both in terms of programme interventions and partnerships. The first phase of the RTA relies on self-reporting by [country offices](#), including country-level rapid needs assessments on the socioeconomic impact of COVID-19 on families. In the second phase, the partnerships perspective has been added, including civil society organizations and the public sector. The RTA will include results from an evaluation of Early Childhood Development (ECD) in the COVID-19 context, and an analysis of social media listening as a tool in RCCE, and the rollout of [Learnin](#) – a blended learning initiative.

Internal and External Communication

- [RO] [On #WorldChildrensDay, UNICEF calls for urgent action to #ProtectOurChildren. Read more here about the impact of COVID-19 on multidimensional child poverty;](#) [49.8 million children have been affected by school closures in the Europe & Central Asia Region due to #COVID19. But not all of them have the internet or computers to learn from home. We must #reimagine a world where every child has access to education; The COVID-19 crisis is a child rights crisis. On #WorldChildrensDay, we must reimagine a world where all children are included in the decisions that affect their future; Children have been telling adults that they are worried about the climate crisis for the same reasons and with the same urgency as people are now about COVID-19. We must work across generations to reimagine a more sustainable future #ForEveryChild;](#) [Impact of COVID-19 on education;](#) [Parenting portal](#)

- [Italy] [Young Italians, migrants and refugees took part in an online meeting with Italian authorities to explain how adolescents imagine the post-COVID19 future & ask for a better chance to participate in decisions concerning their education](#)

- [Montenegro] [UNICEF calls for unity in observing the #DistanceHandsMask measures to stop the spread of #COVID19;](#) [Today, chivalry means wearing a mask and distancing from the person you're talking to](#)

- [North Macedonia] [UNICEF's Young Reporters from North Macedonia share their tips for students on how to make online learning more effective; Schools should be the last to close and first to reopen](#)

- [Turkey] [Conditional Cash Transfer for Education (CCTE) programme helps Muhammed to continue his daughter's education](#)

- [Ukraine] [E-vouchers are an innovative instrument to strengthen #social institutions during #COVID19 in conflict-affected eastern Ukraine](#)

Next Sitrep: 03 February 2021

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Annex 1: Summary of Selected Regional Programme Results (as of 25 November 2020)

Areas of Response	2020 target[i]	Total UNICEF Results	Increase from last SitRep		% Achieved
Risk Communication and Community Engagement					
Number of people reached on COVID-19 through messaging on prevention and access to services	193,570,000	185,884,448	▲	1,191,656	96%
Number of people engaged on COVID-19 through RCCE actions	10,116,550	9,787,273	▲	1,898,708	97%
Critical Supply and Logistics and WASH services					
Number of people reached with critical wash supplies (including hygiene items) and services	4,044,300	4,046,056	▲	1,901,714[ii]	100%
Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)	161,136	138,695	▲	6,795	86%
Provision of Healthcare and Nutrition Services					
Number of children and women receiving essential healthcare through UNICEF supported community health workers and health facilities.	3,751,492	3,128,225	▲	418,045	83%
Number of caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19	1,329,050	1,786,331[iii]	▲	25,245	134%
Access to Continuous Education and Child Protection Services					
Number of children supported with distance/home-based learning	42,381,092	27,072,730	▲	2,060,464	64%
Number of children without parental or family care provided with appropriate alternative care arrangements	35,735	30,378	▲	3,289	85%
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support	2,420,888	2,922,154[iv]	▲	270,119	121%
Number of UNICEF personnel & partners that have completed training on GBV risk mitigation & referrals for survivors	6,180	2,540	▲	392	41%
Number of parents/caregivers of children under 5 receiving ECD counselling and/or parenting support	1,327,000	940,976	▲	77,510	71%
Number of teachers trained in delivering distance learning	246,330	309,912[v]	▲	220,574	126%
Access to Social Protection Services					
Number of households receiving humanitarian cash transfers through UNICEF response to COVID-19	14,800	9,224	▲	2,300	62%
Number of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support	793,841	730,688	▲	96,249	92%

[i] In comparison to the previous reporting period, the targets for the "critical wash supplies and services" and "teachers trained in delivering distance learning" indicators have changed owing to the adjustments and revisions made to account for the shifting contexts and needs and evolving programme priorities.

ii Due to the application of revised calculation methodology, there has been a marked increase in the result value of this indicator compared to 2,144,342 reported in the previous Sitrep.

iii Target for this indicator has been exceeded mainly due to the use of social media and online platforms, leading to a broader coverage than initially anticipated. The pro bono boost offered by various social media platforms has contributed to this higher level of achievement.

iv The result has been overachieved owing to the use of digital platforms, leading to a broader coverage than initially anticipated.

v Target has been exceeded mainly due to the use of blended training modalities (i.e. face-to-face and online), leading to cost savings that allowed UNICEF to reach more teachers with available funds.